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throat well and lungs much improved. He left the camp and entered a sanatorium in Sullivan County.

CASE IV. S. R., Russian, a painter, married, aged twenty-seven years. This was an incipient case. Apex of one lung involved. He weighed on admission, November 19, 1910, 154 pounds, and left to go back to work to support his family, February 16, 1911, weighing 172 pounds. The lung was clear and the case is evidently an arrested one. Several members of his family had died of tuberculosis.

CASE V. M. B., Russian, a tailor, twenty-two years old, admitted December 2, 1911, showing moderate advancement in both lungs and weighing 130 pounds. He left February 17, 1912, weighing 145 pounds and much improved.

CASE VI. F. B., forty-eight years old, Austrian, a valet, with a bad family and personal history. A heavy drinker and smoker. On first examination I refused to admit him, for his whole upper left lung was consolidated and right apex infiltrated and he also had laryngitis. He entered November 23, 1911. This patient is still in the camp, very much improved. His larynx is well and he weighs 171 pounds, having weighed 148 pounds on admission.

CASE VII. J. J., twenty-six years old, a Swedish house servant, admitted December 11, 1911, with infiltration of right apex. Weighed 149 pounds. At the present time there are no râles to be heard. Patient is feeling well and weighs 159.5 pounds.

CASE VIII. B. B., tailor, aged twenty-four years; with infiltration of left apex, admitted December 21, 1911, weighing 108 pounds, left January 27, 1912, to enter a sanatorium at Liberty, N. Y., very much improved, weighing 124 pounds and with no râles over the infected area.

CASE IX. J. K., American, salesman, aged thirty-three years; family history tuberculous, admitted January 3, 1912, weighing 138 pounds. Physical examination showed infiltration of right apex above third rib, with profuse râles. February 24, 1912, he weighed 155 pounds. All râles have disappeared, also cough and constitutional symptoms.

CASE X. American actor, aged thirty-five years, married, admitted to the camp December 15, 1911, by Dr. H. Holbrook Curtis, with a diagnosis of laryngeal tuberculosis, having ulceration of right vocal cord and general swelling of the parts. He weighed 145 pounds on admission. The patient improved wonderfully. His voice returned to normal. He left the camp January 20, 1912, weighing 162 pounds.

Several facts have been impressed upon me in the treatment of tuberculosis, which are worth mentioning. One great mistake we make is that we allow our patients to return to work too soon, after the disease has been arrested. Many a patient could have been saved from death by being made to remain at rest, and continue the treatment for six months or more after the disease had become inactive. I have seen many patients come back after a short time at work, with the disease active and very much advanced. In an institution like ours we treat male adults who usually have a family dependent upon them, and it is most difficult to convince a patient who is feeling strong and well, and has no symptoms, to remain from work for six months more. Again, never excepting in case of extreme emergency, allow a tuberculous patient to undergo a surgical operation, and above all, an operation in the nose or throat. Too often I have seen patients recovering from pulmonary tuberculosis, subjected to an operation, and as a consequence lose more ground as far as the tuberculosis is concerned, than can be regained in many months. For example: A patient getting well from a tuberculous infection of the left apex was operated upon for catarrhal appendicitis. He recovered without a hitch from the appendicitis, but immediately had an afternoon fever with many râles over the area of the disease. This may have been due to the anesthetic. Another patient, with an arrested case, was working every day and came to the night camp taking the routine treatment. A good strong man, weighing 172 pounds, who was recovering from a moderate infection, was operated upon—merely a resection of the nasal septum under local anesthesia. Two weeks after the operation he weighed 150 pounds, and the tuberculosis was most active. At the present time, two years after this operation, he has not regained the loss of those two weeks.

Before concluding, let me advise all medical men to learn to diagnosticate pulmonary tuberculosis in its earliest stage, and to look with suspicion upon any patient who is losing weight or has an afternoon fever or a rapid pulse, with or without a cough and for which you can find no definite reason; begin treatment at once in the city, in such case; gain your patient's confidence, convince him that he is going to get well, and protect his family from infection, and you will do more to check both the spread and the fear of the disease which the laity is now suffering from than by any other means in vogue at the present time.

221 WEST 128TH STREET.

DEEP PETRISSAGE OF THE ABDOMEN AS AN AID TO THE DIAGNOSIS OF TAPEWORM.

BY RICHARD J. CYRIAX, M. R. C. S., L. R. C. P., L. M.,
London, England.

As a general rule, a patient is not suspected of having a tapeworm until segments are passed in the stools, which is naturally pathognomonic of the condition, any abdominal symptoms presented by an unsuspected case being ascribed (in the lack of further evidence) to dyspepsia; but there are sometimes sufficient grounds for believing that a tapeworm is present, even when no segments have been passed. In such a case the problem of diagnosis is sometimes a difficult one, unless the same measures are resorted to as when a tapeworm is known definitely to be present—namely, dieting and the administration of salines, followed by an anthelmintic and a brisk cathartic; thus diagnosis and treatment are often combined. Many authorities hold, however, that these procedures are unjustifiable except in undoubted cases. The administration of a purgative alone, without an anthelmintic, is advised by some authors, the motions being subsequently examined for segments and ova; but a purge by itself is apparently not always successful in bringing away proglottides, and examining the feces for ova is a very unpleasant process. In any case, diagnosis by means of anthelmintics involves considerable discomfort and annoyance to the patient, temporarily interrupting the daily routine of work in a manner particularly harassing to busy people. When a diagnosis of tapeworm has been confirmed, drastic action of the nature referred to of course becomes necessary, but sometimes cases of unconfirmed suspicion occur, in which smart purgatives even by themselves are contraindicated and not to be made

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use of unless necessary, e. g., such conditions as severe hemorrhoids.

The object of this paper is to direct attention (it is believed for the first time) to deep pétrissage of the abdomen as an aid to the diagnosis of tapeworm. Cases in which the presence of a tapeworm is actually suspected without any supposed segments having been passed, are indeed comparatively rare, but they do occur, and require elucidation and cure; and beyond this, the author himself has seen and further heard of several cases in which the parasites' presence was unsuspected until the pétrissage caused proglottides to appear in the stools, cases in which this occurrence does not seem to have been of the nature of a coincidence. In one of these cases, the patient had taken all kinds of purgatives for the relief of constipation without passing any segments; I herewith quote such portions of the notes as bear essentially upon the point under discussion.

CASE. Mr. A. B., business man, aged fifty years, came under observation September 12, 1910. He complained of chronic constipation of about twenty years' standing, flatulence, and an "uneasy feeling" in the abdomen, referred to the umbilical region. He could not recall how long the latter condition had lasted, but it had been present for a long time. He had continually to resort to laxatives and enemas in order to produce a motion, and had tried all sorts of medicines for the relief of constipation. His appetite was good. Examination of the abdomen was negative except for some tenderness over the descending and iliac colon. His tongue was slightly furred.

It was thought at first that the subjective sensation in the abdomen was due to the constipation. The patient was advised to stop all purgatives and to undergo a course of mechanotherapeutical treatment, consisting of deep pétrissage of the abdomen and active exercises directed toward strengthening the muscles of the abdominal wall.

After three treatments the patient passed one segment of a tapeworm independently of a motion. After another treatment he passed about twenty segments, which, on examination, appeared to be derived from a *Tænia solium*.

The patient was advised a light diet for twenty-four hours, and received two Seidlitz powders during the day. The following morning he took a drachm and a half of liquid extract of male fern fasting, followed two hours later by an ounce and a half of castor oil mixture. About three yards of worm were passed. The head was not found, but as the segments could not be examined immediately and had to be brought by the patient for the purpose, it is quite likely that he had overlooked the head and thrown it away with the remainder of the motions.

The umbilical sensation of uneasiness now became very much less, and had disappeared entirely ten days later. Mechanotherapeutical treatment, as outlined above, had meanwhile been continued, ceasing October 28, 1910.

I have seen this same patient at intervals since the latter date, the last time being November 22, 1911. He said that although he had very carefully watched his motions for proglottides, and had occasionally repeated the anthelmintic treatment, he had never passed any segments.

PÉTRISSAGE.

By deep abdominal pétrissage is meant a series of circular movements executed in the direction of the large intestine with sufficient energy to cause a thorough kneading of the abdominal contents. In carrying it out, it is essential that the abdominal parietes and the fingers of the operator move as one over the underlying viscera, otherwise the process is resolved into a mere superficial effleurage, which hardly influences the viscera. It is not necessary for the pétrissage to be executed very hard in order to achieve the desired end; and unless the technique is defective, it should cause no pain. When properly performed it presumably effects the dislodging of the proglottides in two ways—by promoting peristalsis and by mechanically separating segments of the distal end of the parasite by tearing through their attachments. Of these two actions, the latter is probably by far the most important. The increased peristalsis seems to act only as an adjuvant in expelling the separated segments, and probably no intensity of it can actually dislodge the head of the worm; nor does it seem possible to reach the point of achieving this by the merely mechanical effect of the pétrissage. The latter is, therefore, only a means of diagnosis as regards tapeworm infection, and cannot replace the usual curative treatment.

CONCLUSIONS.

The advantages maintained for this method of establishing a diagnosis of tapeworm are briefly as follows:

1. It is entirely harmless, and reveals worms in some cases in which purgatives alone have apparently not been successful.

2. It does not interfere with the patient's regular work, and causes no discomfort worth mentioning. As a general rule, only about three or four applications of deep abdominal pétrissage, each of fifteen minutes' duration, are required to establish a definite diagnosis.

3. It abolishes the unnecessary administration of purgatives, alone or in combination with anthelmintics, in cases when they are contraindicated.

4. It is apparently uniformly successful. The author's brother, Dr. Edgar F. Cyriax, has kindly allowed it to be stated here that he has carried out at least 30,000 deep pétrissage treatments of the abdomen for many varieties of complaints, and that no case in his experience has yet occurred in which a patient was discovered to have a tapeworm within such a period of time after the conclusion of the treatment as would leave no doubt that the parasite had been present during it, and many of the patients were under observation for a long time. Moreover, several cases have occurred in this series in which, during the course of treatment for other complaints, the presence of a tapeworm was first revealed through such deep pétrissage of the abdomen causing proglottides to be passed in the stools, no other symptoms having previously manifested themselves that could justify a suspicion of the actual fact.

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INTESTINAL OBSTRUCTION, TREATED WITH PHENOLPHTHALEIN AND CALOMEL.*

BY PAUL H. MARKLEY, M. D.,
Camden, N. J.,
Visiting Physician to Cooper Hospital.

The textbook division of obstruction of the intestines is into two classes, the acute and the chronic. The acute is said to occur in young persons and to be due generally to transient causes, the chronic occurring in the aged and due generally to malignancy.

This may serve as a broad rule, yet it is one to

*Read before the Cooper Hospital Clinical Society of Camden, January 9, 1912.

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